



FAQs for Medicolegal Death Investigators

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Medicolegal death investigators work within the medicolegal death investigation systems (i.e., offices of medical examiners and coroners) to investigate sudden, unexpected, and unnatural deaths. Investigation at the scene of death typically includes obtaining information from the family and other witnesses, confirming identity of the decedent, documenting and evaluating the scene and decedent's body, describing any postmortem changes, collecting post-mortem specimens for testing, collecting and preserving evidence related to the death, ensuring correct labeling of the body, and supervising respectful and secure preparation of the body for transportation.

What initial information should medicolegal death investigators gather during a death investigation to assess the potential risk for COVID-19?

Medicolegal death investigators and other medical examiner or coroner office staff receiving reports of deaths should inquire about whether the decedent was COVID-19 positive, showed signs or symptoms of COVID-19 infection, and if the decedent had any risk factors for COVID-19 exposure. Investigators may talk with the local health department, family physician, family members, or others who lived with the decedent to help answer these questions. If there is no one to answer these questions (e.g., unwitnessed death, person lived alone, no medical history), investigators should take precautions as if the decedent was a known COVID-19 case. Current guidance on signs, symptoms, and other risk factors for COVID-19 can be found on the [CDC Coronavirus Disease 2019 website](#).

What considerations can guide medicolegal death investigators when planning to conduct on-scene death investigations?

If the decedent is suspected to have had COVID-19, it is prudent to assume others in the building where the death occurred could be infected. In addition, while body fluids other than respiratory secretions have not been clearly implicated in transmission of COVID-19, unprotected contact with other body fluids, including blood, stool, vomit, and urine, might put the investigator at risk of COVID-19 and other infectious diseases.

- Gather information regarding the circumstances of the death (as is standard practice) to aid in the hazard/risk assessment, including risk for possible COVID-19 and whether droplets, aerosols, body fluids, purge, or decomposition materials were expelled before or after the death.
- Plan for and implement physical distancing measures
 - Minimize close contact with anyone at the scene, including family members, responsible person(s) of the decedent, and witnesses.
 - Arrange to conduct pre-investigation interviews by telephone or video conference, if possible.
 - If interviews cannot be conducted by telephone or other virtual means, conduct interviews outside the residence or building where the death occurred or in other outdoor spaces. During any in-person interview or other interactions, the investigator should [practice physical distancing](#) of at least 6 feet and encourage all persons being interviewed to do the same.
 - The investigator and those being interviewed should wear cloth face coverings during the in-person interviews, especially if physical distancing of 6 feet or more cannot be maintained. Be aware of and follow state and local ordinances regarding use of face coverings.
- If the investigator determines that it is necessary to enter the residence or building where the death occurred, then it is important to:
 - Carefully plan equipment needed for the investigation to avoid bringing unnecessary items into the structure. Plan to have extra face coverings for household members.
 - Set up separate, designated locations for donning and doffing PPE outside the structure. The doffing station should be physically separated from the donning station because used PPE could be contaminated. Make sure the doffing station has hand sanitizer, disinfectant sprays or wipes, and waste containers or biohazard bags for used PPE. See [Environmental Protection Agency \(EPA\)-approved disinfectants](#) [↗](#) for use against SARS-CoV-2.
 - Inquire if any persons in the building where the death occurred are experiencing [symptoms consistent with COVID-19](#) (which may include fever, cough, shortness of breath) or have been diagnosed with COVID-19 or are awaiting test results. These individuals should be asked to remain outdoors or in a room of the structure that does not need to be accessed during the investigation.
 - Ask anyone remaining inside the structure to wear facemasks or [cloth face coverings](#) and keep the face covering on throughout the investigation. The investigator should also wear a face covering throughout the investigation (see below for further details regarding respiratory protection).
 - Alert all persons in the structure that the investigator will be entering and ask anyone remaining in the structure to move to a different room if possible, or to maintain physical distancing of at least 6 feet from the investigator.

If on-scene post-mortem COVID-19 specimen collection is planned for the decedent, follow the [CDC Guidance for Postmortem Collection](#) in close consultation with the supervising medical examiner or coroner.

What personal protective equipment (PPE) should be worn by a medicolegal death investigator when conducting on-scene death investigations where COVID-19 is known or suspected?

- PPE should be put on outside of the structure before entry.
- Minimum PPE should include:
 - A single pair of non-sterile disposable medical examination gloves, but if the investigator determines that there is a risk of cuts, tears, punctures, abrasions, or hazards that could penetrate the skin, heavy-duty tear-resistant gloves should be worn over the examination gloves.
 - Eye protection, such as goggles or face shield that covers the front and sides of the face.
 - Clean, long-sleeved, fluid-resistant or impermeable isolation gown for barrier protection of skin and clothing.
 - Shoe coverings with non-slip tread.
 - Disposable facemask. However, if family members are going to be in the home and in close proximity (less than 6 feet) to the medicolegal death investigator during the investigation or if there is risk of exposure to infectious droplets or aerosols, then the investigator should wear a NIOSH-approved N95 particulate filtering facepiece respirator or higher level respirator for which the investigator has been fit tested. The investigator must have been medically cleared to wear the respirator and have appropriate training in the correct selection, use, and limitations of respiratory protection. Use of respirators must be consistent with the Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard.

What actions should the medicolegal death investigator take after exiting the residence or building where the death occurred?

- After exiting the structure, place items that were likely exposed to body fluids (e.g., blood, saliva, feces) in biohazard bags or waste containers and follow state and local guidelines for disposal of this waste.
- Carefully remove PPE following [CDC recommended doffing procedures](#)  and then perform hand hygiene with alcohol-based hand sanitizer that contains 60 to 95% alcohol.
- Put on a new pair of disposable medical examination gloves and clean and disinfect any non-porous surfaces that were potentially contaminated during the investigation, including clipboards, paperwork (consider laminating prior to use), electronic devices (e.g., laptops or cameras), pens or pencils, door handles, and waste containers or biohazard bags at the doffing station. See [Environmental Protection Agency \(EPA\)-approved disinfectants](#)  for use against SARS-CoV-2. Wear any other PPE recommended by the manufacturer of the disinfectant before applying.
- Clean and disinfect surfaces of any reusable PPE (e.g., goggles) by following the PPE manufacturer's recommendations.
- Before departing the location, perform hand hygiene again.

What should medicolegal death investigators know about transportation of human remains in cases of suspected or confirmed COVID-19?

Medicolegal death investigators may supervise or be involved in the transportation of human remains. The following are important considerations for preparation and transport of a decedent where COVID-19 infection is known or suspected:

- Current [CDC guidance](#) recommends standard body bagging procedures for decedents with suspected COVID-19 (consistent with those for decedents where COVID-19 is not suspected). This includes the use of a single body bag (minimum 6 mil thickness) that is wiped down with an [Environmental Protection Agency \(EPA\)-approved disinfectant](#) [↗](#) after the decedent has been placed inside.
- When handling the body, the following PPE should be worn:
 - A single pair of non-sterile disposable medical examination gloves. However, heavy-duty tear-resistant gloves preferably with coverage above the wrists (or double pair of disposable gloves) should be worn over the examination gloves if there is a risk of cuts, tears, punctures, abrasions, or hazards on or around the body that could penetrate the skin.
 - Clean, long-sleeved fluid-resistant or impermeable isolation gown for barrier protection of skin and clothing.
 - Disposable facemask.
 - Goggles or face shield that covers the front and sides of the face.
 - Shoe coverings with non-slip tread.
- The investigator should be aware of special circumstances that may warrant the use of two or more body bags or bags of stronger material (e.g., 8 mil or thicker), such as:
 - Decedents' body weights and sizes vary greatly as does construction and conditions of body bags and bag handles. Investigators should use prudent judgement determining if risks for puncture, tearing, or failure of body bags could occur and whether a second body bag or a body bag of thicker, stronger material is necessary. Refer to body bag weight capacities, if available.
 - Presence of sharp objects on the decedent that could cause punctures or tears (e.g., jewelry or piercings).
 - Thickness of the initial body bag (6 mil, 8 mil, 15 mil, etc.)
 - Presence of body fluids that could pose exposure risks to workers handling and/or transporting the body should a puncture, tear, or failure to the initial body bag occur. Standard precautions should always be taken to prevent exposure to bloodborne pathogens.
 - Visible contamination on the outside of the body bag that occurred by contact with the environs or during body transport.
- It is good practice to wipe down the outside of the bag with an [Environmental Protection Agency \(EPA\)-approved disinfectant](#) [↗](#) before putting the body in the transport vehicle. This protects death care workers who may be in contact with the bag in the future.

[Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19](#)

[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)

[Optimizing Supply of PPE and Other Equipment during Shortages](#)

[Interim Recommendations for Emergency Medical Services \(EMS\) Systems and 911 Public Safety Answering Points/Emergency Communication Centers \(PSAP/ECCs\) in the United States During the Coronavirus Disease \(COVID-19\) Pandemic](#)

[Cleaning and Disinfecting your Home](#)

[Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 \(COVID-19\)](#)

[COVID-19 Frequently Asked Questions: Funerals](#)

[Death Investigation: A guide for the scene investigator](#)  

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